



VENDOR OVERPAYMENT NOTICE

1. DATE
2. REPORTING UNIT OR ORG INDEX
3. VENDOR/PROVIDER NUMBER
4. SSPS SERVICE CODE SOURCE/REASON
5. SSPS AUTHORIZATION NUMBER
6. ACCOUNT CODING (NON SSPS OVERPAYMENT)
7. RECIPIENT NAME

We have determined that you received an overpayment for goods or services from _____ to _____ in the amount of _____.

The overpayment resulted from:

Please send payment (check or money order) in full within twenty (20) days after receiving this notice to:

FINANCIAL SERVICES ADMINISTRATION
OFFICE OF FINANCIAL RECOVERY (OFR)
PO BOX 9501
OLYMPIA WA 98507-9501

Please note your vendor account number on the check or money order to ensure proper credit to your account. If you need to make arrangements for repayment call:

(360) 664-5700
1-800-562-6114 (Toll Free)
1-800-452-2334 (Language Interpreter)
1-800-833-6388 (TTY-WA State Relay Service)

IF YOU DO NOT AGREE THAT YOU HAVE BEEN OVERPAID:

You may dispute the overpayment by sending written request for a hearing. Your request for a hearing **MUST:**

- ?? Be received by OFR (at the above address) within 28 days of service of this notice; and
- ?? Be sent by certified mail (return receipt) or other manner that proves that OFR received your request because you may be required to prove that your request was received by OFR; and
- ?? Include a statement as to why you think this notice is incorrect.

A timely and complete request will be scheduled for a formal hearing by the Office of Administrative Hearings to be conducted under the Administrative Procedure Act. You will be offered a pre-hearing/alternative dispute resolution conference in an attempt to resolve the overpayment dispute prior to the hearing.

Failure to provide OFR with a written request for a hearing within 28 days of service of this Vendor Overpayment Notice will result in an overpayment debt against you (RCW 43.20B.675). We may also charge you interest and any costs associated with the collection of this overpayment (RCW 43.20B.695). We may collect an overpayment debt through lien, foreclosure, seizure and sale against your real or personal property, order to withhold and deliver, or any other collection action available to us to satisfy the overpayment debt (RCW 43.20B.675).

7. WORKER'S SIGNATURE	8. WORKER'S NAME	9. WORKER'S TELEPHONE NUMBER
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10. Will you need an interpreter or other assistance or accommodation for the hearing? ☐ Yes ☐ No
If yes, for what language or what assistance?